CLAIMS AS FILED - PART (Column 1)	PATENT APPLICATION FEE DETERMINATION RI									RD Application or Docket Number				
U.S. NATIONAL STAGE FEES SMALL ENT: " \$ 150 LARGE ENT: "\$ 300	Effective December 8, 2004								103			561259		
BASIC FEE			CLAIMS				(Column 2)			TITY	OR			
EXAMINATION FEE Selisifies PCT Article 33(1) All other situations of (4) = \$50 (1 st 10) (4) = \$50 (NATI	ONAL	STAGE FEES					1	RATE	FEE	1	RATE	FEE	
SEARCH FEE	IC FEE	:		SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE		OR	BASIÇ FEE	20	
SEARCH FEE	MINAT	ION FE	E					1	EXAM. FEE			EXAM. FEE	M	
TOTAL CHARGEABLE CLAIMS minus 20 = .	RCH F	EE		ALL other countries =					SEARCH FEE			SEARCH FEE	400	
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than tzero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II CColumn 1)	FOR E	XTRA S	SPEC. PGS.	minus 100 =			/ 50 =		X \$ 125 =		1	"X \$ 250 =		
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II Column 1 (Column 2) (Column 3)	AT CH	ARGEA	BLE CLAIMS	5 -	inus 20 =				X \$ 25 =		OR	X \$ 50 =		
If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II CCLAIMS AS AMENDED - PART II CCLAIMS REMAINING AFTER PREVIOUSLY PADD FOR TOTAL RATE PREVIOUSLY PADD FOR TOTAL Total " Minus "" 2 =	PEND	ENT CL	AIMS		ninus 3 =	. ———			X \$ 100 =		OR	X \$ 200 =		
CLAIMS AS AMENDED - PART II Column 1	TIPLE	DEPEN	DENT CLAIM PR	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
Column 1) Column 2 Column 3 SMALL ENTITY OR SMALL ENTITY	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	400	
REMAINING AFTER PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR TOTAL ADDITIONAL FEE TOTAL ADDITIONAL	12-19-05 (Column 1) (Column 2) (Column 3)								SMALL E		OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = OR + \$ 360 = TOTAL ADDIT. FFF OR TOTAL ADDIT. OR TOTAL ADDIT. FFF OR TOTAL ADDIT. FFF			REMAINING AFTER		PREVIO	BER DUSLY	1		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = OR + \$ 360 = TOTAL ADDIT. FFF OR TOTAL ADDIT. OR TOTAL ADDIT. FFF OR TOTAL ADDIT. FFF	Total		. 2	Minus	. 30	3	=		X \$ 25 =	-5	OR	X \$ 50 =	1	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PREVIOUSLY PAID FOR TOTAL ADDIT. Total Minus ** =	Indepe	endent	• /	Minus	-3		= _		X \$ 100 =	P.	OR	X \$ 200 =	99	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT EXTRA APTER AMENDMENT PAID FOR Total	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									'	OR			
CLAIMS REMAINING AFTER AFTER AMENDMENT Total Total Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Total and and an analysis of the entry in column 2, write "0" in column 3. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".														
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total Minus *** = X \$ 25 = OR X \$ 50 = OR X \$ 200 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the Tighest Number Previously Paid For' IN THIS SPACE is less than "20", enter "20",	(Column 1) (Column 2) (Column 3)													
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = TOTAL ADDIT. FFF OR + \$ 360 = OR TOTAL ADDIT. FFF If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".			REMAINING AFTER		NUM! PREVIO	BER DUSLY	1		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = TOTAL ADDIT. FFF OR + \$ 360 = OR TOTAL ADDIT. FFF If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".	Total		•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = TOTAL ADDIT. FFF OR + \$ 360 = OR TOTAL ADDIT. FFF If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".	indepe	ndent	•	Minus	***		Ξ.		X \$ 100 =		OR	X \$ 200 =		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20",	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter '20',								OR						
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													

FORM 9TO-875 (Rev. 02/2005)

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